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ECONOMIC ASPECT OF LENGTHENING HUMAN LIFE

BY

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of Yale University

President of the Committee of One Hundred on National Health



Address delivered before

THE ASSOCIATION OF LIFE INSURANCE PRESIDENTS

New York, February 5, 1909✓

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ECONOMIC ASPECT OF LENGTHENING HUMAN LIFE.

BY PROFESSOR IRVING FISHER OF YALE UNIVERSITY,

President of the Committee of One Hundred on National Health.

Concerted action by life insurance companies to lengthen human life would mark, I believe, one of the greatest steps, if not the greatest step, ever yet taken toward the improvement of human longevity. The nearest analogy is perhaps to be found in the work of fire insurance companies in reducing the number of fires. But it is a general truth that the best success of any movement is found only when, in a sense, it reaches the commercial stage—in other words, when it is made to pay in some tangible way. Philanthropy is keen to lead the way to reform, but becomes a broken reed if depended upon for its support continuously or on a large scale.

The insurance men whom I have consulted as to whether it would pay to engage in the saving of lives have been unanimously affirmative in their answers. So obvious does this seem that the question arises, why have insurance companies never attempted it before? There seem to be three explanations:

First, the continuance, until recently, of the tradition that human mortality follows a nearly invariable law, and a law which can not be appreciably affected by any act of man.

Second, after it became known to experts that human life is greatly extensible through public and private hygiene, this knowledge was possessed by so few, that the general public, and even the rank and file of the medical profession, remained of the contrary belief, and the inertia of their conservative opinion prevailed.

Third, it seemed too large a task for any one company to prolong life for the whole country, and there seemed no way to prolong the lives of its own policy-holders alone, so long as unsanitary conditions prevailed throughout the communities in which these policy-holders lived, while finally there seemed no way of bringing the various life insurance interests to agree on concerted action.

It seems now, however, that the time has arrived when all three of these objections can be removed. I assume that before this audience there is no need of presenting evidence or arguments to

prove that human life may be lengthened by hygienic measures, and shall therefore merely run over very briefly the most salient and general facts, as introductory to the formulation of a practical plan of action.

It has long been known that there is no iron law of mortality, but that mortality depends on the hygienic state of the community. Baines, in a recent paper in the Journal of the Royal Statistical Society, has calculated that the average duration of life in India is only twenty-three years for males and twenty-four years for females, or less than half the life span in the advanced countries of Europe. The estimates of Finkelnburg show that in Europe human life has probably doubled in the last 350 years. More recent and more reliable figures show that life is lengthening to-day more rapidly than ever. If we take life tables for different periods for England, France, Prussia, Denmark, Sweden, and Massachusetts, we find that human life lengthened during the Seventeenth and Eighteenth Centuries at the rate of four years per century; that during the first three-quarters of the Nineteenth Century it lengthened at the rate of about nine years per century; that at present it is lengthening in Europe generally at the rate of seventeen years per century, and in Prussia (which is perhaps the home of preventive medicine) at the rate of 27 years per century. For this country the rate can only be judged from the statistics for Massachusetts, which show that life is lengthening by about fourteen years per century, or approximately half of the Prussian rate. These rates may not continue in the future, but the opinion of our best authorities on longevity, such as Ray Lankester and Metchnikoff, is that there is still great room for improvement especially after middle life. Hitherto almost all the improvement has applied to ages before fifty and only the most recent figures show any tendency toward improvement beyond that age. It is significant that backward India—in spite of the enormous room for improvement—shows during twenty years no rate of improvement whatever.

The statistics of insured lives show that the insured poor, as represented by the Industrial Companies, have a mortality from fifty to eighty per cent. higher than the insured rich or well-to-do, as represented in the ordinary insurance companies. The unsanitary districts of Glasgow and Paris show a mortality more than double that of the sanitary districts, while cities in general show a much higher mortality than the open country. A fall of the death rate always promptly follows sanitation. Colonel Gorgas cut the

death rate in Havana in two, bringing it down to between 20 and 24 per 1000. The New York death rate responded at once to Colonel Waring's clean streets, and that of Rochester to Dr. Goler's milk crusade. And now it is announced that the death rate of New York is 16.5, the lowest on record—a result, in all human probability due to the hygienic work of Dr. Darlington, the efficient health officer, Mr. Nathan Straus, the milk reformer, and the public agitation for health prosecuted by the *New York Times*, the *Journal*, and other media, allied with the health work of the Committee of One Hundred on National Health, the Tuberculosis Association and Committees, and other organizations.

These and other facts and the mass of detailed figures which they represent show conclusively that human life is long or short precisely according to the hygienic conditions under which it is lived; that human life can be prolonged as these hygienic conditions are improved, and that there is still enormous room for improvement. Farr, twenty years ago, in his masterly work on *Vital Statistics*, stated that any community could attain an average duration of life equal to that in the so-called "healthy districts" of England where the average duration of life was then fifty-one years. To bring all England up to this level would at that time mean a lengthening of life by one-fifth, or twenty per cent.

A report which I have recently prepared for the Conservation Commission, based on data contributed from acknowledged American authorities, shows that human life in America could, by the adoption of hygienic reforms already known and entirely practicable, be lengthened by over one-third—that is, over fifteen years. This calculation has been made very conservatively and is probably several years inside the truth. The statistics and estimates on which it is based have been taken from published sources, as well as contributed by some score of American authorities—medical, actuarial, and hygienic.

A safe minimum estimate was made of the degree of preventability of the deaths from each of the ninety principal causes of death in the United States. For instance, for typhoid fever, experience in Lawrence, Massachusetts, has shown that the introduction of a public water filter reduced the typhoid mortality by eighty per cent. In Munich the cleaning of cesspools and other hygienic measures reduced the mortality from typhoid by ninety-seven per cent. On the basis of these and other facts, it was conservatively estimated that eighty-five per cent. of the deaths now

occurring from typhoid fever in the United States could be easily prevented. Professor Sedgwick recently announced the truth of Hazen's theorem—that for each life saved from typhoid, two or three lives are saved from other diseases. This cumulative effect, however, was not taken into account in the calculations, nor was account taken of the constant advance being made in preventive medicine.

For these and other reasons, the calculated estimate of the improbability of human life is regarded as ultra-conservative. Tuberculosis is known to be preventable. In my table, it is entered as only seventy-five per cent. preventable; pneumonia as forty-five per cent. preventable; typhoid as eighty-five per cent.; diphtheria, seventy per cent. These conservative figures are among the highest allowed. Many diseases, such as cancer, are recorded in the table as zero per cent. preventable, although the best expert opinion would allow some degree of preventability, if prevention begins early enough in life.

On the basis of these ratios of preventability, or rather *postponability* of death, has been computed the possible extension of the average human life by saving lives now lost by preventable diseases. The calculation is made on the assumption that those thus saved from death enjoy as their new lease of life only the expectation of life now belonging to their respective ages. This assumption is very conservative, for it means that lives once saved shall receive no further benefits from improved mortality, but shall die off at the old rates of mortality.

Even on these safe premises of partial postponability of deaths, we find that about two years of the possible lengthening of human life would be due to the elimination of preventable tuberculosis; .6 of a year to the elimination of preventable typhoid; .5 to the elimination of preventable diphtheria; .9 to the elimination of preventable accidents. It is estimated that at least eight years could be added to human life merely by securing reasonably pure air, water and milk.

A grouping by ages will bring home these figures to life insurance companies. It was estimated that for diseases of infants under one year of age, such as bronchopneumonia, diarrhoea and enteritis, at least half of the deaths were preventable—that is, postponable. For diseases of childhood such as meningitis, diphtheria and scarlet fever, the same is true; for diseases of middle life, such as typhoid fever, tuberculosis, pneumonia and accidents, over one-third are

postponable; and for diseases of late life, such as Bright's disease, heart disease and apoplexy, at least one-fourth of the deaths are postponable.

These ratios may seem high at first glance, but only because no one has previously attempted to assemble all ratios of preventability. Each investigator has seen clearly the preventability within his own special sphere, but assumed that outside that sphere the preventability was less. One specialist knows that tuberculosis is, for the most part, preventable; another, typhoid; a third, diphtheria; a fourth, infantile diarrhoea. And yet each clings to the idea that disease in general is unpreventable. Some of the very experts of the Yale Medical School and State and Federal health officers who contributed the individual estimates—and these experts include eighteen of the best and safest authorities in the United States—have been surprised to find how large in the aggregate the resultant preventability is. It shows that over a third of all deaths which now occur could be prevented—that is to say, deferred. Every precaution has been taken to make these figures so safely within the truth as to avoid the possibility of any reasonable criticism. I will add that those who contributed the statistics, estimates, and expert guesses on which these aggregates are based were especially urged to be conservative. The eighteen estimators included Drs. Flint, Blumer, Swain and Osborne of the Yale Medical School; Dr. Wilbur, Chief of Vital Statistics of the United States; Health Officers Townsend of Connecticut; Baker of Michigan, Wright of New Haven, Woodward of Washington, Chapin of Providence, etc. These gentlemen made their estimates independently, but they agreed remarkably well. This would indicate that they were correct. These gentlemen are not given to exaggeration, but even if their estimates are three times too great, the preventable deaths still exceed ten per cent.

By working out the ratios of preventability for each of the principal causes of death, it is possible to construct an ideal survivorship table which may then be compared with existing survivorship tables. Actuaries' tables show that a reduction of one-third in mortality would enable the premium to be reduced by over fifteen per cent. Even if only a third of this possible reduction were obtained, or five per cent., the insured in the United States would be saved many millions annually. Of course whatever saving is possible could not be secured without effort or cost. Not all of it could be obtained at once, and some of it could be obtained whether

insurance companies took a hand or not. But by so doing they can greatly accelerate the improvement. While it would be manifestly impossible to estimate exactly what returns could be made on the investment, it is clear that even if the most meagre returns could be secured, the gain would pay.

It can scarcely be imagined that the companies would lose anything. I understand that \$200,000 a year is about two cents per \$1,000 of insurance carried. It would be strange if \$200,000 could not be expended in such a manner as to secure a saving of a postage stamp a year on each \$1,000 policy! As one of your actuaries, Mr. Messenger, has shown, \$200,000 is only one-eighth of one per cent. of present annual death claims.

The chance of failure is further reduced when we remember that the effect in reducing mortality is progressive or cumulative, while no cumulative effect is needed to return the money invested.

The conclusion seems safe that here is a rich unexploited field for saving money. And the beauty of it is that these gains bring with them gains far more precious to the nation than dollars—immeasurable gains of longevity, vitality, efficiency, and happiness. Life insurance is not philanthropy, but it is a beneficent business. Though at first glance it might seem that to prevent the pollution of streams, to improve the milk supply, to obtain pure foods, and freedom from accident is no part of the business of life insurance, yet it is easy enough to see the very vital connection. By far the larger part of the cost of the insurance business is not management nor agents' fees but cost of mortality. It is the right, if in fact it is not the duty, of any business to reduce its cost. To pare down salaries might not save the policy-holder one per cent. of his premium, but to reduce mortality cost might save him many per cent.

Another point may be emphasized. The mere announcement that insurance companies intended to improve health conditions would have an effect in improving those conditions. This effect would be felt in two ways: First, it would convince millions of the ignorant and indifferent that the public health movement must have substantial merit to be an object of interest by life insurance companies. People are easily led by those whose opinions they respect. In spite of the great progress of the health movement, there are still vast hordes of our people who know nothing of it. Knowledge of its merits is largely confined to scientific and medical men, who constitute only a small fraction of the population. The

actuaries and medical boards and other insurance officials constitute a still smaller class. Yet these classes can easily sway the whole. The second way in which the mere announcement of your purpose to labor for health would have immediate effect is in spurring numerous officials and firms to reform. Every health officer, every food manufacturer, every milk dealer in the United States that heard of the intention of the insurance companies to improve health conditions would become ambitious to make a good showing. Local pride in every community would result in efforts to keep abreast of the best records and avoid the reputation for being an unhealthful place to live in. Insurance companies sometimes charge, I believe, higher rates for policies involving tropical residence, but in the United States are not allowed to make local discrimination. There is, therefore, all the more reason why they might properly endeavor to lower the mortality in say Mississippi—if the mortality is high there—in order that they might be enabled to do business there.

In the history of fire insurance, the mutual companies first made the effort to reduce fire risks. When the importance of exercising the function of preventing fires, as well as indemnifying against fires, once entered into the plans of stock companies, they soon overtook, if they did not outrun, the mutual companies in the success of their efforts. It is estimated that the risk from fire in certain particular classes has been reduced, through the fire insurance companies, some seventy per cent. In New England seventy years ago the rate on cotton and woollen mills averaged three or four dollars per hundred. To-day these mills are being insured at a total cost per annum of seven cents per hundred. In some cases the cost has been reduced to $1/100$ of the former amount. This enormous decrease has been accomplished by slight expenditures. In some factories the cost of improvements have been more than paid for in the saving of premiums for fire insurance in one year. The stock companies were forced by the competition of the mutual companies to take up preventive measures. They now employ fire insurance engineers to maintain a laboratory in Chicago which is well equipped for the purpose of studying fire-resisting materials, fire-resisting devices, new apparatus and fire prevention in general. Many fire insurance men believe that this laboratory is their best investment. No reduction in rate is guaranteed until fire fighting devices are approved by the laboratory. Now that the stock companies have gone into this work of fire prevention systematically,

they are regaining the ground that they had lost by allowing the mutuals to get ahead of them?

In employers' liability insurance, the idea of prevention has made great headway. Here the companies are all stock companies, but they have learned that their function is not simply to distribute losses, but to lessen them as well. So also accident companies have aided in passing laws which tend to prevent accidents to life and limb. Here they have reached the very threshold of public health. It is manifest destiny that if insurance companies now aid in legislation to save the arms and legs of workmen, they will soon aid in legislation to save lives also. In fact, protection from accidental injury, is also protection from accidental death; and if you strive to reduce the deaths from accident, why not reduce the deaths from other causes? If casualty companies work for improved safety, why should not life companies work for improved sanitation and improved hygiene in general? In fact, the Industrial Department of the Metropolitan Company has just announced that if prevention of tuberculosis and reduction of the death rate will give cheaper insurance, the Company hopes to co-operate with existing agencies for the eradication of this and other diseases, and to place at their disposal its machinery and the statistical material which it has gathered since its organization.

According to the plans which I have in mind, the money to be invested in life-saving would be largely in the education of the public and especially policy-holders in health matters, and co-operation in every legitimate way to improve the public health offices and service in the municipalities, states and the Federal Government. In this latter way, the result of the expenditure of money by the insurance companies would be to induce the Government to spend much larger sums, and the money invested by the insurance companies would be multiplied in efficiency several fold. If, for instance, by the expenditure of \$200,000 a year the public throughout the country could be made to appreciate the importance of clean streets, pure water supply, etc., sufficiently to result in municipal expenditure by the cities of the United States for public health of an additional \$20,000,000 which would otherwise not have been made, every dollar invested would be multiplied a hundred fold. In other words, the insured lives would not have to carry the entire load, but could induce the tax-payer to do his share. Our public health laws and administration leave vast room for improvement. As Dr. Welch

has said neglect of public health is a disgrace to the nation. Some states have no boards of health. Few have good ones. A minority have accurate registration of deaths and not one has accurate registration of births. We therefore lack even the first step toward efficient national health protection—good vital statistics.

Just as fire insurance companies endeavor to secure in municipalities adequate fire protection, so life insurance companies might properly endeavor to secure adequate municipal health protection, and they might likewise bring their influence to bear in securing the passage of model health laws by our states in respect to slaughter houses, pure food and other health reforms. The present great and needless waste of human life, brings its heavy financial weight largely on insurance companies. The Prudential Company pays out annually \$800,000 for death claims on account of tuberculosis alone, a disease which is known to be preventable.

As to a practical plan for participation by the life insurance companies in the health movement, two methods suggest themselves. The first is for the life insurance companies, in combination, to establish their own machinery for disbursing funds intended to improve the public health. The second is to contribute to one or more organizations already existing for this purpose. I shall speak in favor of the second, and in particular of the advantages to be obtained by using the Committee of One Hundred on National Health, of which I am president, as the agent for this distribution. I will say at the outset, however, that I think our Committee would be willing, if need be, to stand aside in favor of any plan which the insurance companies should prefer. We have been interested in this work from a philanthropic point of view only, and have borne its burden because no other organization was doing the work. It has been a tax on our time and purses, and we should, if the same work could be done by others without this tax, be only too ready to hand it over. We believe, however, that there would be a distinct advantage to the insurance companies in utilizing our agency, instead of creating a new one. Since the work is largely one of educating and convincing public opinion, it seems an advantage that the movement should have a scientific as well as a commercial flavor. Our Committee was appointed by the American Association for the Advancement of Science, and consists, for the most part, of men of national reputation. Our Vice-Presidents are:

Rev. Lyman Abbott, New York.
 Miss Jane Addams, Chicago.
 Mr. Felix Adler, New York.
 Pres. James B. Angell, Ann Arbor.
 Hon. Joseph H. Choate, New York.
 President Charles W. Eliot, Cambridge.
 Archbishop Ireland, St. Paul.
 Hon. Ben. B. Lindsey, Denver.
 Mr. John Mitchell, New York.
 Dr. Wm. H. Welch, Baltimore.

Again, there is a great advantage in having the movement popular and under the auspices of a popular league. Our Committee has organized the American Health League; the membership of which is at present 23,000. It appears that this league will have a more independent existence and its members feel a greater *esprit de corps* if conducted under its present leadership than if given over entirely to a commercial organization.

Again, I am told that there would be difficulties in getting agreements between various competing life insurance interests so as to form a central committee in which all would have confidence as working for a common benefit and not for one particular company or companies to the exclusion of others. No such difficulty would apply to our organization, which is and would naturally remain impartial so far as the interests of special companies are concerned. Saving life belongs to agencies which do nothing else. There are, of course, other organizations working for public health aside from the Committee of One Hundred, but these other organizations work for special health reforms and largely for *relief* from the effects of disease, rather than for prevention. It would seem, therefore, that the Committee of One Hundred is the logical agency for doing the proposed work, and in this opinion I am confirmed by the insurance men whom I have thus far consulted.

As to the method of contribution by the insurance companies, several plans are open. The most feasible and just seems to me to be a plan by which the life insurance companies shall deposit with the treasurer of the Committee of One Hundred, which is the Title Guarantee & Trust Company of New York City, a fund to be set aside as a special fund, and the disbursements from it to be made only as authorized by a committee appointed for this purpose by the Association of Life Insurance Presidents. This in-

insurance committee might be called an advisory and auditing committee, whose purpose would be merely to see that the funds were properly and wisely expended. They would not need to have the responsibility of forming plans for their expenditure, but would have the power to prevent any expenditure deemed improper or inadvisable.

The work, to yield results, should be done on a national scale—ten times the scale which our Committee has yet reached. Yet this would be a trifling item of cost—equal to two cents a year for each \$1,000 of insurance. The policy-holder is not likely to object to paying one postage stamp a year, especially when this will be largely used to induce the governments to contribute larger sums and when as a consequence he is likely to enjoy the two-fold benefit of a longer life and a lessened premium.

It would be entirely agreeable to the Committee of One Hundred to put a number of representatives of life insurance companies on the Committee of One Hundred itself and if desired on the executive committee, which has the responsibility of doing the actual work.

As to the methods of expending the proposed fund to be created by the insurance companies, details can be submitted to the committee appointed to consider them. This would include the enlargement of our magazine, the pressing of health bills before Congress and the legislatures of the several states, the publication and distribution of leaflets of information in continuation of the series of twenty-six which we have already published, a campaign of newspaper publicity and education, especially through plate matter prepared and given to 10,000 country newspapers. It would also include efforts to enlarge the American Health League so that it may fulfill two functions: First, create an interest in a large number of people in healthful individual living, and, second, create and formulate public opinion which shall secure public health legislation.

The extraordinary success of our movement thus far is the best guarantee that its success may be greatly increased. The movement has swept along with an increasing momentum, which has repeatedly called forth, from those at first skeptical, expressions of delight and amazement. The alliance with life insurance companies would tend to the speedy completion of the first task set before us—the creation of a powerful national organization of public health at Washington. From the first we have felt that if a Bureau of Health Information could be established at Washington

which should have as its function the distribution of millions of small pamphlets on health—that is, teaching the people how to live long and avoid the dangers which shorten life and cause morbidity—, this federal publicity would arouse a public sentiment which would sweep all opposition before it. Such a sentiment when aroused would work to the greater harmony of all social classes. For instance, much ill-advised legislation hampering business to the detriment of both capital and labor would give way to direct legislation beneficial to labor by eliminating preventable mortality and invalidity which now cause the heaviest burdens to the poor.

The fraternal societies have already undertaken this campaign. We have contributed our matter to their journals, and they have addressed our meetings. Fraternal insurance companies have also in several instances established sanatoria, and have attempted in other ways to lengthen lives and decrease death claims.

In order that you may better know what kind of work our organization has been doing and plans to do, I will rehearse briefly the main features. After two years we have now representatives in sixteen hundred towns and cities in the United States. We hope ultimately to organize local committees in all of these towns similar to a few already organized, the last being in Portland, Oregon. Through these committees we have brought pressure to bear on all political parties. With 23,000 members, we have friends in almost every important town in the nation. The members are taken from among the influential men in the community. Some 700,000 pamphlets and letters have gone out from the executive office, presided over by our able executive secretary, Professor J. P. Norton. The cost of this and other work has been \$28,000, and has largely been contributed in small amounts by people in moderate circumstances. This shows the diffusion of interest. Over a year ago we planned to spend \$250,000 during 1908, but the panic closed up the larger pocketbooks, and we had to be content with such smaller contributions as we could get.

At the outset we gained the support of the great men in the nation. Ex-President Cleveland favored the movement, and President Roosevelt wrote to me a letter, a part of which I quote:

“Our national health is physically our greatest national asset. To prevent any possible deterioration of the American stock should be a national ambition. We cannot too strongly insist on the necessity of proper ideals for the family, for simple living, and for those habits and tastes which produce

vigor and make men capable of strenuous service to their country. The preservation of national vigor should be a matter of patriotism . . . Federal activity in these matters has already developed greatly, until it now includes quarantine, meat inspection, pure food administration and federal investigation of the conditions of child labor. It is my own hope that these important activities may be still further developed."

Later, in his Provincetown speech, President Roosevelt said:

"I also hope that there will be legislation increasing the power of the National Government to deal with certain matters concerning the health of our people everywhere; the Federal authorities, for instance, should join with all the State authorities in warring against the dreadful scourge of tuberculosis. I hope to see the National Government abreast of the foremost State Governments."

In his message to Congress a year ago, he emphasized the importance of our campaign in these words:

"There is a constantly growing interest in this country in the question of the public health. At last the public mind is awake to the fact that many diseases, notably tuberculosis, are natural scourges. The work of the state and city boards of health should be supplemented by a constantly increasing interest on the part of the National Government. The Congress has already provided a bureau of public health and has provided for a hygienic laboratory. There are other valuable laws relating to the public health connected with the various departments. This whole branch of the Government should be strengthened and aided in every way."

By the appointment of a Conservation Commission, the opportunity was given to us to present the measure of the wastes of human life in comparison with the wastes in the forests, the soil, the waters and the land. Co-operating with fifty medical men and technical experts, I prepared the report for President Roosevelt which has already been mentioned.

In the meantime, the campaign for political planks proceeded. In two months, three national platforms were framed which contained planks in approbation of our program, and, so far as I know, for the first time in history political parties took note of public health as worthy of consideration. The Republican national platform at Chicago contained this plank:

"We commend the efforts designed to secure greater efficiency in national public health agencies, and favor such legislation as will effect this purpose."

The Democratic national platform adopted at Denver stated :

"We advocate the organization of all existing national public health agencies into a national bureau of public health, with such power over sanitary conditions connected with factories, mines, tenements, child labor, and other such subjects as are properly within the jurisdiction of the Federal Government and do not interfere with the power of the States controlling public health agencies."

The Independence League party adopted an even broader plank in favor of a National Department of Health, and Mr. Arthur Brisbane has warmly supported in the Hearst journals the movement to protect public health.

In the meantime, both candidates for President had written warm letters of endorsement. I quote briefly from Mr. William J. Bryan :

"Congress should appropriate sufficient money to carry on investigations into diseases national in their scope."

Mr. Taft in his letter said :

"The American Health League is certainly to be congratulated on its rapid progress in numbers and recognition. It is through such an enlistment of public interest that Congress may be expected to enact the legislation necessary to enlarge the activities of the Federal Government in respect to public health.

"I hope to live to see the time when the increased efficiency in the public health service—Federal, State and Municipal—will show itself in a greatly reduced death rate. The Federal Government can give a powerful impulse to this end by creating a model public health service and making our national capital a model sanitary city.

"With most cordial wishes for the success of your movement"

In President Taft's letter of acceptance, he said :

"I have long been of opinion that the various agencies of the national government established for the preservation of the national health, scattered through several departments, should be rendered more efficient by uniting them in a bureau of the government under a competent head, and that I understand to be, in effect, the recommendation of both parties."

With the convening of Congress in December, 1908, President Roosevelt made the program of the Committee of One Hundred his administration policy. He authorized the announcement of this policy before a conference last October in Washington, called by the Committee of One Hundred at which were represented the American Medical Association, the Government and State health bureaus and the other leading health organizations of the United States. Again, in his December message, President Roosevelt said:

"It is highly advisable that there should be intelligent action on the part of the nation on the question of preserving the health of the country. . . . The dangers to public health from food adulteration and from any other sources, such as the menace to the physical, mental, and moral development of children from child labor, should be met and overcome. There are numerous diseases which are now known to be preventable, which are, nevertheless, not prevented. The recent International Congress on Tuberculosis has made us painfully aware of the inadequacy of American public health legislation. This nation cannot afford to lag behind in the world-wide battle now being waged by all civilized people with the microscopic foes of mankind, nor ought we longer to ignore the reproach that this Government takes more pains to protect the lives of hogs and cattle than of human beings. The first legislative step to be taken is that for the concentration of the proper bureaus into one of the existing departments. I therefore urgently recommend the passage of a bill which shall authorize a redistribution of the bureaus which shall best accomplish this end."

We have received letters from one-third of the Congressmen in favor of such legislation. The bill is in the hands of a subcommittee of the House at the present time. Among those who have actively aided this movement in Washington are President Roosevelt, President-Elect Taft, Mr. Gifford Pinchot, Hon. Charles D. Walcott, Secretary of the Smithsonian Institution, Hon. James R. Garfield, Hon. George Shiras, III, Dr. Kober, Dr. Wiley, and Dr. Wyman of the Public Health and Marine Hospital Service, in whose hands our bill now rests. These men are, I understand, hopeful of accomplishing legislation at this session.

The State Governments are equally interested. Through our representatives in Ohio, a resolution endorsing our movement was

passed in that State. Our health planks were adopted in the State Republican platforms of Ohio and Delaware, and we have had the cordial endorsement of the governors of some twenty states, including such widely separated states as Massachusetts, Pennsylvania, Alabama, Mississippi, Michigan, New Mexico, South Dakota, Oregon and Washington. Among these governors I will quote only two, one being the nearest to, and the other the farthest from our executive office. In his letter, Governor Woodruff of Connecticut said, "I am glad of this opportunity to endorse the work of the Committee of One Hundred on National Health . . . I consider the question of public health the most important one which our country has before it." Governor Freer of Hawaii wrote, "The people of Hawaii . . . are in a position to realize with peculiar force not only the great importance of the subject of health, but also the importance of the co-operation between national, state and territorial governments in this matter. . . . I wish the Committee of One Hundred every success."

In the peroration of President Roosevelt's famous speech before the Conference on the Conservation of Natural Resources, at the first meeting of the Conservation Commission at Washington, he said:

"Finally, let us remember that the conservation of our natural resources, though the gravest problem of to-day, is yet but part of another and greater problem to which this nation is not yet awake, but to which it will awake in time and with which it must hereafter grapple if it is to live—the problem of national efficiency."

In the Conservation Report now issued, after summarizing the wastes of material wealth, the Commission has gone on record with these words, which were written in the main by the eloquent Governor Blanchard of Louisiana:

"Since the greatest of our national assets is the health and vigor of the American people, our efficiency must depend on national vitality even more than on the resources of the minerals, lands, forests and waters. The average length of human life in different countries varies from less than 25 to more than 50 years. This span of life is increasing wherever sanitary sciences and preventive medicine are applied. It may be greatly extended. Our annual mortality from tuberculosis is about 150,000. Stopping three-fourths of the loss of life from this cause and from typhoid and

other prevalent diseases would increase our average length of life fifteen years. There are constantly about 3,000,000 persons seriously ill in the United States of whom 500,000 are consumptives. More than half this illness is preventable. If we count the value of each life lost at only \$1,700, and reckon the average earning lost by illness at \$700 a year for grown men, we find that the economic gain from mitigation of preventable disease in the United States would exceed \$1,500,000,000 a year. This gain, or the lengthening and strengthening of life which it measures, can be had through medical investigation and practice, school and factory hygiene, restriction of labor by women and children, the education of the people in both public and private hygiene, and through improving the efficiency of our health service, municipal, state and national."

This, in brief, is the record of what has been accomplished in two years with nothing except plans to start with. Much more remains to be accomplished. The complete solution of the public health problem requires the combination of three factors: First, the activity of expert enthusiasts; second, the force of public opinion; third, money with which to pay the bills. The Committee of One Hundred has had the first and second—that is, the workers and public opinion. The proposed alliance between policy-holders, your companies and our Committee will bring the third also, the sinews of war.

It should be emphasized that mere money can do little alone in such a country as ours. We must have expert leaders and public following. These, as organized by the Committee of One Hundred, are at your service. Our membership includes expert workers in the—

American Association for the Advancement of Science
 American Medical Association
 American Public Health Association
 Federal, State and City Boards and Bureaus of Health
 National Association for the Study and Prevention of Tuberculosis

Rockefeller Institute

American Society of Sanitary and Moral Prophylaxis

National Child Labor Committee

Presidents and Professors in the principal universities

As to public confidence, we have—besides the endorsements of these associations and the backing of political leaders and party

platforms—the co-operation of about twenty other important organizations, including the Associated Fraternities of America and the United Mine Workers of America. Such a degree of public confidence is an asset worth having. Public confidence is valuable not only in securing public health legislation, but especially so in effecting any change in personal hygiene, the habits of living in a community. If, for instance, the people are to sleep with more fresh air in their bedrooms, they can be led to do so only by the weight of medical authority. No faddist movement will secure rapid reforms, and this is one reason why reforms so often fail. To be rapidly successful, reforms must spread from the top and not from the bottom. Western civilization has made rapid progress in Japan because the reform started with the Mikado. In China it failed because the Empress and Court opposed. The secret of the success of the Committee of One Hundred has been the approval of the leaders—political, medical, philanthropic and social. With the momentum already gained, we need only financial backing to achieve greater results in reducing mortality than hitherto achieved in the world. It is primarily a question of judicious publicity under auspices which weigh in the public esteem. It is easier, as everyone who has observed public movements knows, to accomplish a large reform with such publicity than a small one. Chicago could not clean its slaughter houses, but when the whole nation became awake to slaughter house conditions, they were immediately reformed, in part at least. Since the agitation for the national pure food law, similar pure food laws have been passed in the states where before it was impossible to secure their enactment. Since the recent International Congress on Tuberculosis in Washington, the spread of the anti-tuberculosis movement throughout the country has been many times more rapid and enthusiastic than ever before. There never was a time more favorable for securing tangible results in improving public health than at present, and though these results must be achieved largely through legislation, the legislation cannot be secured except through a public agitation such as the Committee of One Hundred is now engaged in on a small scale.

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